



A CENTURY OF TRUE CARE



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Training, and Saving Lives

1918 | 2018
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ECMC

A Century of True Care

A

century of caring. 100 years of selfless service to Buffalo and Western New York. Ten decades of clinical excellence. That is the historical legacy of ECMC.

From its origin as Buffalo City Hospital to E.J. Meyer Memorial Hospital to today's ECMC, one central guiding factor has remained the cornerstone of our mission: provide every patient the highest quality of care delivered with compassion.

And as we now celebrate ECMC's 100th Anniversary with the hospital achieving record operations and patient care, the proud tradition established in 1918 on Grider Street of treating every patient with the quality care they expect and deserve continues, thanks to the tireless dedication and commitment of our over 3,000 caregivers.

With so many healthcare accomplishments achieved through the years by ECMC clinicians, which you will see outlined in this special publication, we are thankful for the thousands of healthcare professionals – physicians, nurses, and support staff – who provided critically important healthcare services to the hundreds of thousands of Buffalonians and Western New Yorkers who came into their care. ECMC has been and will continue to be our region's community hospital.

As with any sustainable and vital organization, the foundation of ECMC is strong, durable, and secure thanks to the devotion and contributions of the thousands of caregivers – our ECMC Family – who helped make the hospital what it is today. And upon that strong foundation, the future for ECMC will continue to provide True Care to our friends, neighbors, and fellow residents of our region. From the only Level 1 Adult Trauma Center in Western New York to our dynamic Centers of Excellence to the many specialty care services that meet the diverse needs of our patients, ECMC will continue to build on the remarkable history that began 100 years ago and continue to grow and flourish!

Thomas J. Quatroche Jr., PhD
President & CEO



Photo courtesy of kc kratt photography

ECMC's Beginnings

Buffalo City Hospital – 1918-1939

The roots of the hospital that became ECMC can be traced back to the early 20th century and the Municipal Hospital on East Ferry Street, which was designed for the care of smallpox patients. Although compulsory smallpox vaccination had been proven effective for more than a century, the disease had not been completely wiped out and there were still isolated cases in Buffalo. Then in 1909, a scarlet fever epidemic struck 3,000 Buffalo residents and a vacant schoolhouse was requisitioned as a contagious disease unit and called the Ernest Wende Hospital, after the city's health commissioner. The following year, tuberculosis hit Buffalo with a vengeance with thousands of cases and over 500 deaths. It was during these medical crises that the city determined to build a new hospital for tuberculosis and bought an 82-acre farm on Grider Street where it would be erected, then appointed a board of managers to run it. The cost: \$200,000 for the property and nearly \$1 million to build the new hospital.

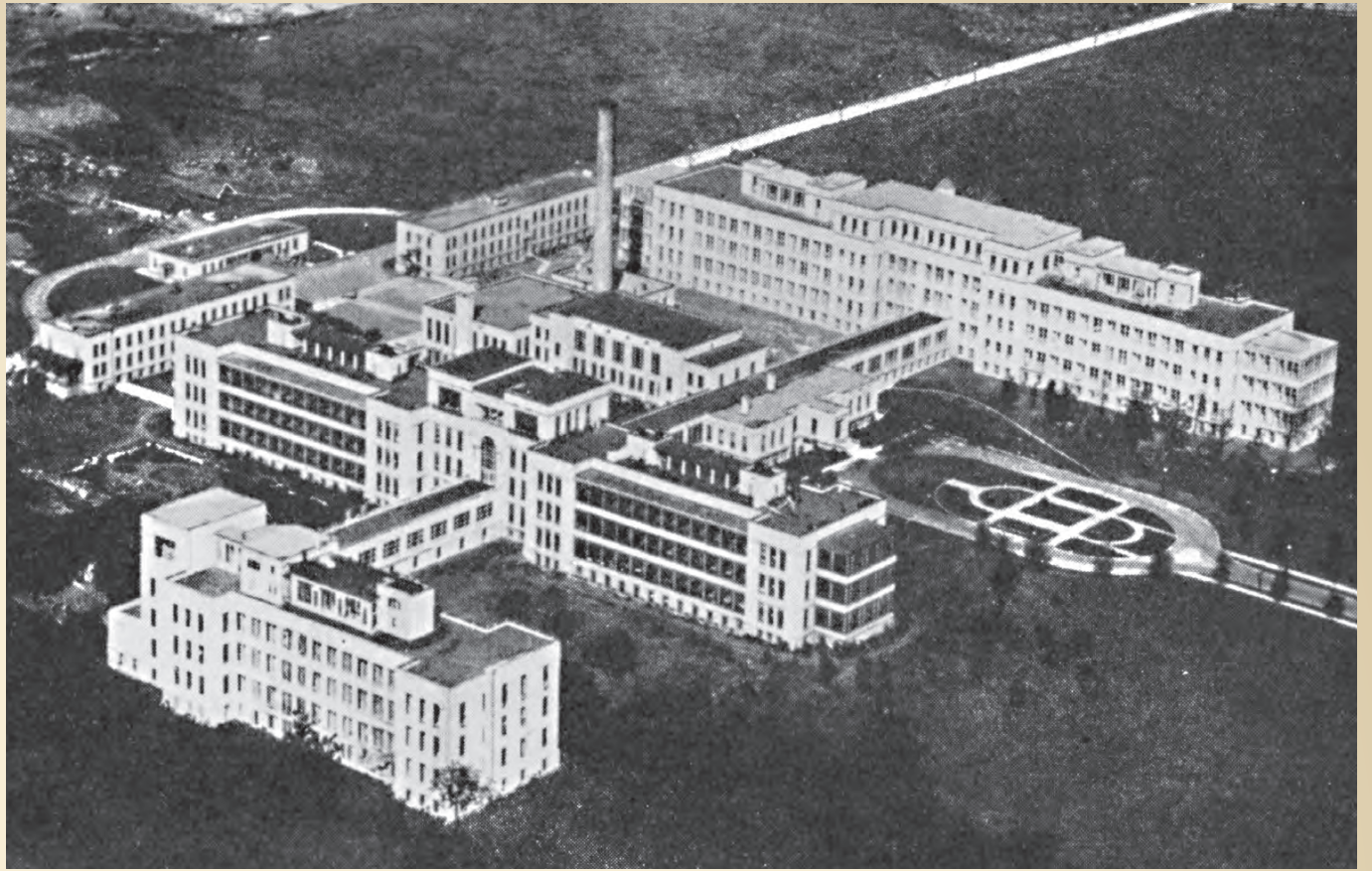
The hospital opens and disaster strikes.

On March 19, 1918, the new City Hospital at 462 Grider Street was opened as a public general hospital with 415 beds and the resources to provide special care for tuberculosis patients and those with acute communicable diseases. The largest proportion of its facilities were devoted to the poor citizens of the city who could not afford the rates of private hospitals. 1918 is also infamous as the year of the devastating influenza pandemic and the new hospital was soon crowded with flu patients. It was a



Dr. Walter S. Goodale, the first superintendent of Buffalo City Hospital, from 1918 to 1941.

harrowing time for Dr. Walter S. Goodale, the superintendent of the hospital, since so many of the city's health care providers had left for Europe to assist in the care of the wounded in World War I. In October of that year, the sophomore, junior, and senior classes of the UB Medical School were conscripted for duty at City Hospital by the health commissioner. Buffalo mayor George S. Buck ordered a three-week quarantine that shut down schools and closed churches, movie houses, theaters, pool halls, saloons, ice cream parlors, and soda fountains. On the day he gave the order, 1,700 new flu cases were reported and an emergency hospital was created downtown at Central High School. In all, more than 28,000 cases of influenza were reported and over 2,500 people in Buffalo died from influenza and pneumonia in 1918. In the nation, influenza was far deadlier than war.



Buffalo City Hospital. Reproduced by permission of the Buffalo & Erie County Public Library, Buffalo, New York.



Temporary Contagious Disease Unit, Ernest Wende Hospital, 456 Broadway at Spring St., (ca. 1910).



Student nurses on the steps of Erie County Almshouse, Main St. and Bailey Ave., 1912.

World War I killed 116,516 Americans, but 550,000 died from influenza.

One of the nation's first hospitals to treat all diseases.

In a very short time, the hospital originally conceived as a TB sanitarium became one of only 12 of 7,000 in the nation to treat all diseases. It had also become one of the leading teaching facilities in the country, providing training for physicians, dentists, nurses, and dietitians. The hospital's School of Nursing was founded in 1919 and was the first diploma nursing school in Buffalo to include university courses, racially integrate students, and admit men. In 1926, Dr. Daniel H. Squire, the dean of UB School of Dentistry, established a dental department at City Hospital, the first hospital department in the country to be

part of a dental school.

Within a few years, Buffalo City Hospital was in the forefront of modern American hospitals both for its breadth of care and for its advanced practices for patient recuperation. It was in fact one of the first institutions in the world treating all medical problems. It was also one of the first hospitals with an expansive program of education and occupational therapy for patients.

A humanitarian hospital that treats everyone.

In 1927, The Catholic Union & Times reported that City Hospital, built at a cost of \$4,000,000 (including all additions up to that time), was the most complete institution of its kind in the country, with more than 860 beds and facilities "for the purpose for which it was intended—care

of Buffalo's worthy poor." Operational costs were \$1,100,000 a year and in 1927, nearly 10,000 patients were admitted. As for the "worthy poor," an article in the Buffalo Times a few years later asserted that at City Hospital, "no distinction is made between millionaires, bluebloods, and Mr. Nobodies" and that "all diseases known to mankind are treated here, including leprosy, silicotic lungs, cancer, diabetes, trauma, and tuberculosis. The hospital has a pharmacy and a nursery and 500 to 700 patients are treated daily."

By 1931, over half of all City Hospital inpatients were involved in occupational therapy. There were programs in music, art, and even gardening, where patients tended vegetable gardens and eventually ate the food they grew. The occupational therapy program at City Hospital was a model for the nation.

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Building a healing environment for our community

The Day School for Crippled Children opened on the hospital grounds in the mid-1920s. The school was originally run cooperatively by City Hospital, the Department of Education, and the Health Department. Starting with one teacher and 12 pupils, within ten years it had grown to 15 teachers and 195 pupils.

One of the students' favorite features of the school was its warm water pool that helped the children more easily exercise their limbs since water lightens the pull of gravity.

In 1971, a new \$4 million School 84 for the physically handicapped opened on the hospital campus. The school included a physical therapy suite with an exercise room, a treatment room, a swimming pool with special ramps, a speech therapy room, and a hydrotherapy room with whirlpool baths.

Another room with a circular track in the ceiling enabled children to be fitted in a harness, suspended from the ceiling, and walk around on their own. Extra-wide doors were hung to accommodate wheelchairs.

Today, School 84 Health Care Center for Children at ECMC is the designated school in the district for students with severe disabilities and illnesses and has 165 students in grades K-12.

Programs are customized to meet each student's individual needs and staff members from the Buffalo City School District and ECMC jointly provide all academic and therapeutic services.

In 2016, the Physical Therapy Department at School 84 was awarded the "Outstanding Center for Physical Therapy 2015 Clinical Education Award" by the New York/New Jersey Physical Therapy Clinical Education Consortium.

A hospital and a horticultural showplace.

During the 1930s, the hospital created a magnificent series of gardens, lakes, and lagoons including a 70-acre arboretum with a water garden and a lily pond surrounded by a profusion of plants and flowers for the enjoyment of its patients. Scattered throughout the gardens were shelter houses, garden gates, pergolas, flag walks, stone arches, and inviting benches. With more than 850 varieties of shrubs, evergreens, flowering plants, and trees, the grounds were regarded as a national horticultural showplace. In the 1950s, most of the hundreds of plants in the gardens were nurtured in the hospital's own private greenhouse by members of the hospital's fulltime staff of 10 gardeners. In 1952, the greenhouse produced a crop of 2,500 geraniums, 300 poinsettias for Christmas, and 1,500 chrysanthemums for Thanksgiving. Even into the 1970s, one of the most beautiful floral displays in Buffalo was at the entrance to the hospital. Flanked by fountains and formal gardens, it was a lovely and peaceful spot. The guiding philosophy throughout the years was that patients would benefit greatly from fresh air and sunshine in a naturally beautiful environment.

The hospital institutes residency programs and training in surgery.

Also in the 1930s, Buffalo City Hospital received the full and unqualified approval

of the American College of Surgeons for graduate training in surgery and surgical specialties. With this designation, the hospital was the only institution in Buffalo and one of only five outside of New York City to be so recognized. City Hospital instituted a three-year residency program in surgery, medicine, and allied specialties. Among the residents, there was a gradual increase in responsibility for patient care, depending on the abilities of the resident and the cooperation of the chief resident and attending surgeon. The hospital was also approved by the American Medical Association for a student physicians' teaching program and the AMA ranked it among the best-staffed and highest credentialed hospitals in the country. But it wasn't until 1947 that the hospital's school of nursing became the area's first to go co-educational and provide a course of study for male nurses during the senior year of their required curriculum. Not surprisingly, prospective male student nurses came from throughout New York State to study in Buffalo.



A view of the garden looking toward Grider Street, Buffalo City Hospital (c. 1930-1950).

Below, an Italian-style vine-covered arch leading to the Rose Garden, Buffalo City Hospital, 1938. Photo courtesy of The Buffalo Courier-Express Microfilm Collection, Archives & Special Collections, E.H. Butler Library, SUNY Buffalo State.



Buses at Day School for Crippled Children, Buffalo City Hospital. Reproduced by permission of the Buffalo & Erie County Public Library, Buffalo, New York.



Strolling through the garden grounds, Buffalo City Hospital. Photo courtesy of The Buffalo Courier-Express Microfilm Collection, Archives & Special Collections, E.H. Butler Library, SUNY Buffalo State.



It's not every day we see a medical history like this.

To our friends at ECMC, congratulations on
100 years of caring for Western New Yorkers.

From being the home of the first crash cart to growing to become our region's trauma destination, your century of achievement has built a healthier region for all of us.

On behalf of the entire Kaleida Health family, we wish you another 100+ years of success—and we're looking forward to our continued collaboration in the years ahead.



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Many WNY residents of a certain age will recall that the hospital that preceded ECMC at 462 Grider Street was the Edward J. Meyer Memorial Hospital. In 1939, the hospital was re-named for Dr. Edward J. Meyer, the physician who served as the first president of City Hospital's board of managers and guided it through nearly two decades until his death in 1935. It was also Dr. Meyer's leadership that assured the hospital would be the preeminent teaching hospital in the region. By the time of the hospital's 50th year, it had been responsible for providing 50% of the clinical teaching of medical students at the University of Buffalo including approximately 30% of the internists and pediatricians, 75% of the ophthalmologists, and 20% of the surgeons then practicing in WNY. A program in hospital pharmacy at UB's College of Pharmacy also brought several students each year to Meyer Memorial for affiliate training. In 1941, Dr. John D. Stewart was appointed surgeon in chief and the next 20 years marked the two decades during which a surgical teaching program came into being and grew to vigorous maturity under his directorship.

The hospital becomes a research center and a department of Erie County.

In 1946, control of the hospital passed from the City of Buffalo to Erie County. As the county hospital, it was considered a general hospital because all patients were admitted regardless of the nature of their illness. And it was a public hospital because it accepted those patients regardless of their ability to pay. That

Meyer Memorial Hospital



Edward J. Meyer Memorial Hospital entrance.



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the ECMC team in
its tireless service
to the community.*

*Shawn and Amy
Connolly*



— 1939-1978



Dr. Edward J. Meyer, known as the father of Buffalo City Hospital. President of the hospital's board of managers from 1912 to 1935.

same year, a new alcoholism clinic opened led by Dr. David K. Miller, who also conducted an extensive research program at Meyer Memorial. Underwritten by the E.J. Meyer Fund for Research, it

was the largest clinical experimental center between New York City and the Midwest. Meanwhile, in the Outpatient Department, 40 specialty clinics met 100 times weekly to care for patients through more than 100,000 visits each year. The hospital's Social Service Department was opened in this decade with the mission of contributing to patients' total care through assistance in non-medical problems and concerns. Among their other duties, the staff helps families to plan for post-hospital care and refers patients to community resources that can assist them in their recovery.

A pioneer among Buffalo hospitals.

During the mid-20th century, Meyer Memorial was a truly general hospital treating patients with every infirmity from routine surgical, medical, pediatric, and obstetrical problems to particular diseases such as TB and acute psychiatric disorders requiring their own specialized care. Its open door policy guaranteed comprehensive and impartial care to any patient with any problem at any time, a humanitarian philosophy unique to the community. In 1968, the hospital's 50th year in operation, it was an 825-bed hospital with a complete range of facilities covering both inpatient and outpatient care. It offered the only acute alcoholic treatment in Erie County, the treatment of



Eva Bateman Noles, RN, Meyer Memorial Hospital. First African-American student at the Buffalo City Hospital School of Nursing, graduating at the top of her class in 1940.

tuberculosis from diagnosis to completion of therapy, the only bone pathology lab in the region, and the only amputee clinic operated jointly by surgical, orthopaedic, and rehabilitation services in Western New York. As a teaching hospital, all of the medical students at the University at Buffalo received over half of their clinical experience at Meyer Memorial. In just 20 years, the hospital trained nearly one thousand MDs in accredited residency programs. In addition, the hospital's school of nursing graduated over 3,000

nurses and assisted the D'Youville College School of Nursing (then the largest nursing school in the state) with its needs for clinical experience.

A remarkable woman and a trailblazing nurse.

Eva Bateman Noles, RN, an ambitious and courageous young woman who graduated from Hutchinson Central High School in the 1930s, enrolled as the first African-American student at the Buffalo City Hospital School of Nursing. As the first Black nurse to train in Buffalo, Eva graduated at the top of her class in 1940 and pursued a distinguished career as a registered nurse at Meyer Memorial and Roswell Park Cancer Institute. After earning her bachelor of science degree in nursing and a master's degree in

education from the University at Buffalo, she became the director of nursing at RPCI. Ms. Noles founded the New York State Nurses Week in 1970 and served on the NYS Board of Nursing and the American Nurses Association. After her retirement, she continued to work as a volunteer with the American Red Cross, as a nurse trainer and home care supervisor, and as the author of several books about prevailing over racism and the African-American experience. Eva B. Noles, RN, died in 2015.

Caring Never Gets Old

Congratulations to the Erie County Medical Center on 100 years of serving our community.
Here's to 100 more.

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The origin of

ECMC's expertise in trauma began in the late 1960s and early 1970s when a trauma study center was developed at Meyer Memorial in an effort to prevent injuries, disabilities, and deaths from accidents, falls, and burns.

Led by Dr. John R. Border, an international pioneer of trauma care and research, the center was one of only ten federally funded centers in the country devoted to the study of trauma and was funded by a \$210,000 grant from the National Institutes of Health.

Because of the huge deficiencies at different levels of trauma care that caused unnecessary deaths and disabilities, Dr. Border believed there was a need for an organized group of professionals to act as an advocate for trauma patients. To ensure the best care for emergency systems and traumatic injuries, he and others founded the American Trauma Society (ATS) in 1968.

Today, the ATS works to strengthen trauma centers, advises trauma patients and their families, and champions the establishment of injury prevention programs. In 1988, the ATS and

Congress established May as National Trauma Awareness Month.

In an effort to improve trauma care at Meyer Memorial, Dr. Border created a trauma care center in 1972. He was convinced that trauma patients should only be taken to hospitals which are set up and equipped to treat patients suffering from trauma. That meant that every accident victim taken to Meyer underwent a massive screening program designed by Dr. Border and his staff to detect every injury as soon as possible.

"Hidden injuries, if undetected and untreated, are usually the ones that are life threatening," explained Dr. Border, who, as a professor of surgery at UB Medical School, worked with biophysicists, biochemists, epidemiologists, and other scientists at the university on all aspects of trauma care.

Anita Dorr, RN, and the crash cart.

Anita Dorr began her 24 years at Meyer Hospital as an operating room nurse, an experience that shaped her career as one of the most influential emergency medicine nurses in the

Anita Dorr, RN, with Dr. John Border at Meyer Memorial Hospital.



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ECMC's experience in trauma

nation. She was the founder and executive director of the Emergency Nurses Association (ENA), now an international organization with over 40,000 members. But it was her development of the crash cart that secures her legacy. It is now used in hospitals throughout the world where it is an essential component of cardiopulmonary resuscitation, endotracheal intubation, and the treatment of lethal arrhythmias.

She and her husband developed and built the red-painted wooden prototype at their home in the mid-1960s. It had wheels and a laminate top and was designed to hold all the most essential tools and drugs needed in a medical crisis, particularly for a patient in cardiac arrest.

Originally known as the Dorr Cart or crisis cart, today the crash cart is essentially a steel cabinet on wheels comprised of a set of drawers containing defibrillators, advanced cardiac life support drugs, and other medical items deemed necessary by the hospital.

During World War II, Anita Dorr served with the U.S. Army Nurse Corps in Africa and Europe and attained the rank of major. Before her death in 1972, she attended guards and prisoners during the uprising at the Attica Correctional Facility and also served as a consultant to Paramount Pictures for its medical television programs.

An enlightened approach to alcoholism treatment.

Meyer Memorial established an alcoholism clinic in downtown Buffalo as a pilot program in 1973 as an alternative to jail terms and fines given to motorists

Crash Cart developed by Anita Dorr, RN, at Meyer Memorial Hospital.



convicted of driving while intoxicated. It departed from longstanding alcoholism treatment programs by offering psychiatric and medical aid to persons with alcohol problems in efforts to change their behavior patterns.

The basis of the approach centered around the strong belief that alcohol dependence is much greater than a criminal problem. It is first and foremost a medical and psychological disease, a position established by the American Medical Association in 1956. Meyer Memorial also established the only acute detoxification unit for alcoholics serving a county population of one million.

A history of family health care.

In 1974, the new Family Care Center opened at Meyer Memorial and began registering patients. The clinical staff included physicians in three medical specialties – pediatrics, obstetrics and gynecology, and internal medicine – as well as dentists.

Today, there are four family care centers at ECMC providing primary care. The Grider Family Health Center and the ECMC Family Health Center both offer a full range of important health care services for patients of all ages.

In addition, ECMC's VIP Primary Care serves as a first point of contact for many health concerns and illnesses or for general preventive care. Meanwhile, at the ECMC Internal Medicine Center, in addition to primary care services for adults, clinical and educational services are available to patients with diabetes and endocrine issues who have been referred by a primary care provider.



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100 years of care. Immeasurable impact on our community.



From your founding vision to bring care to everyone who needs it, to today's building of the new trauma center for our community's future, our region is a healthier, more vibrant place because of ECMC. As partners, friends and Western New Yorkers, thank you for all you've done—and all you'll do.

martin.

Erie County Medical Center *Timeline* 1918-2018

1918 – Opening of Buffalo City Hospital, forerunner of ECMC.



Buffalo City Hospital. *Reproduced by permission of the Buffalo & Erie County Public Library, Buffalo, New York.*

1919 – The hospital's school of nursing is founded.

1924 – Opening of Crippled Children's School at City Hospital.



Buses at Day School for Crippled Children, Buffalo City Hospital. *Reproduced by permission of the Buffalo & Erie County Public Library, Buffalo, New York.*

1930 – Beginning of the hospital's three-year residency program in medicine.

1931 – City Hospital creates a 70-acre arboretum with a water garden.



A view of the garden looking toward Grider Street, Buffalo City Hospital.

1936 – City Hospital is approved by the AMA for a student doctors teaching program.

1937 – Successful treatment of schizophrenia at City Hospital.

1938 – City Hospital opens the first blood bank in Buffalo.

1939 – The institution is renamed the Edward J. Meyer Memorial Hospital.

Dr. David K. Miller appointed physician-in-chief.

1940 – Hospital gives 287,861 free tests a year, many for syphilis.

Meyer Memorial treats half of the city's polio cases.



Above, Polio treatment with iron lung, Meyer Memorial Hospital, 1950. Right, Doctor with child afflicted with polio, Meyer Memorial Hospital, ca. 1940.

Outpatient fracture clinic opens, the first in the city.

1941 – Death of Dr. Walter S. Goodale, the hospital's first superintendent.

Dr. William Clarke appointed to succeed Dr. Goodale.

Dr. John D. Stewart appointed surgeon in chief.

1946 – Meyer Memorial Hospital transfers from city to county management.

New Alcoholism Clinic opened and led by Dr. David K. Miller.

Dr. Donald C. O'Connor is appointed the new superintendent of Meyer Memorial Hospital.



Nursing classroom instruction, Meyer Memorial Hospital, 1950.

1947 – Meyer Memorial Hospital School of Nursing is the first in the area to admit men.

1951 – New Psychiatric Center is completed with twice the former capacity.

1952 – New outpatient clinic for children with polio.

1963 – Primary Medical Rehabilitation Center opens at Meyer Memorial. Called "the keystone in the arch of rehabilitation services in upstate New York."

1965 – Intensive Care Unit opens to provide highly concentrated medical and nursing care.



Anita Dorr, RN, with crash cart, 1967. *Photo courtesy of The Buffalo Courier-Express Microfilm Collection, Archives & Special Collections, E.H. Butler Library, SUNY Buffalo State.*

1967 – Anita Dorr, RN, develops and builds the first crash cart.

1968 – Dr. Border and others establish the American Trauma Society (ATS).

1969 – Meyer adds nurses to ambulances when time may be a factor in saving a life.



Youth Corps workers Edna M. Nelson and Olivia Stepps, 1968. *Photo courtesy of the Buffalo History Museum, used by permission.*

Meyer Memorial meets and surpasses the standards set by the Joint Commission on the Accreditation of Hospitals.

Construction begins on a new School 84.

1971 – Groundbreaking for the new Erie County Medical Center, the largest construction project ever undertaken by Erie County.



Construction of ECMC in the 1970s.

Dr. H. Courtenay Clarke, a gynecologist and resident physician devises a new surgical method through the use of laparoscopic surgery at Meyer Memorial.

1972 – Trauma center established at Meyer Memorial under the direction of Dr. John R. Border.

1975 – Meyer Hospital installs the area's first cataract surgery machine, the phacoemulsifier, that uses a modified form of the surgery which is applied with congenital cataracts.

Erie County's only methadone detox program is conducted by the Emergency Drug Abuse Service at Meyer Memorial Hospital.

1977 – The Volunteer Services Department has 442 registered volunteers who donate 43,988 hours of time to the hospital.

1978 – Opening of Erie County Medical Center.



Completed ECMC Tower.

1984 – Dedication ceremony for the David K. Miller Office Building.

1988 – NYS Dept. of Health funds ECMC to be the diagnostic and medical center for the Alzheimer's Disease Assistance Center of WNY.

1989 – Opening of ECMC's Regional Burn Treatment Center.

1990 – Initiation of the Comprehensive Psychiatric Emergency Program (CPEP), one of only five designated sites in New York State.

1991 – ECMC emergency physicians were the first in the U.S. to use trauma ultrasound.



Team members work to stabilize trauma patients. *Photos courtesy Ron Moscati.*

1992 – ECMC institutes WNY's first home care program. Under the right conditions, patients can return home for continued care.

1994 – ECMC reports a \$2 million surplus.

1999 – The Buffalo Professional Firefighters (rooftop) Heliport opens at ECMC, saving time and saving lives.

2000 – Opening of the Grider Family Health Center on the ECMC Health Campus.

2001 – ECMC opens an all-new Heart Care Center featuring digital cardiac catheterization laboratories.

ECMC upgrades its MRI unit with the addition of state-of-the-art technology to enhance image quality.

The Center for Cancer Care at ECMC awarded a \$30,000 grant from the WNY Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc.



Dr. Thom R. Loree, Chief of the Department Head & Neck and Plastic & Reconstructive Surgery. *Photo courtesy Wagoner Photography.*

ECMC was the only hospital in Western New York that was ranked among the nation's 100 Top Hospitals in two service categories, Intensive Care and Cardiac Care.

2003 – Grand opening of new Minimally Invasive Surgery Center, the most technologically advanced adult surgical suite in WNY.

2004 – The Erie County Medical Center Healthcare Network becomes an autonomous health system as a Public Benefit Corporation.

2006 – A report by the New York State Department of Health announces that ECMC has the best cardiac surgery survival rates in Western New York.

ECMC ranks first among 50 New York trauma hospitals for trauma survival.

2007 – ECMC implements Bedside Medication Verification System to protect patients from medication errors.

Creates a Breast Health Center and a Bone Health Center.



Mobile Mammography Coach. *Photo courtesy Joe Cascio.*

Opens a new cardiac catheterization suite featuring three digital imaging cath labs.

ECMC is recognized in the 2007 "America's Best Hospitals" issue of U.S. News & World Report by the American Heart Association/American Stroke Association's Get With The Guidelines program in an ad for performance achievement in cardiac patient care.

2008 – Creation of Great Lakes Health System of Western New York forming a collaborative partnership among ECMC, Kaleida Health, the University at Buffalo, and the Center for Hospice & Palliative Care.

ECMC is approved as a Designated Stroke Center.

Computerized Physician Order Entry System further improves patient safety.

2010 – Opening of Center for Wound Care & Hyperbaric Medicine.



Ribbon cutting at the opening of the Regional Center of Excellence for Transplantation and Kidney Care. Photo courtesy Joe Cascio.

2011 – Opening of Regional Center of Excellence for Transplantation & Kidney Care.

2013 – Opening of Terrace View Long-Term Care Facility.



Terrace View Long-Term Care. Photo courtesy Joe Cascio.

2014 – Opening of Regional Center of Excellence for Behavioral Health.



Regional Center of Excellence for Behavioral Health. Photo courtesy Joe Cascio.

2015 – The Committee on Trauma of the American College of Surgeons verifies ECMC a Level 1 Trauma Center, and the New York State Department of Health designates ECMC a Level 1 Adult Trauma Center, only the fifth in New York State.

2016 – Opening of the new outpatient Center for Orthopaedic Care.

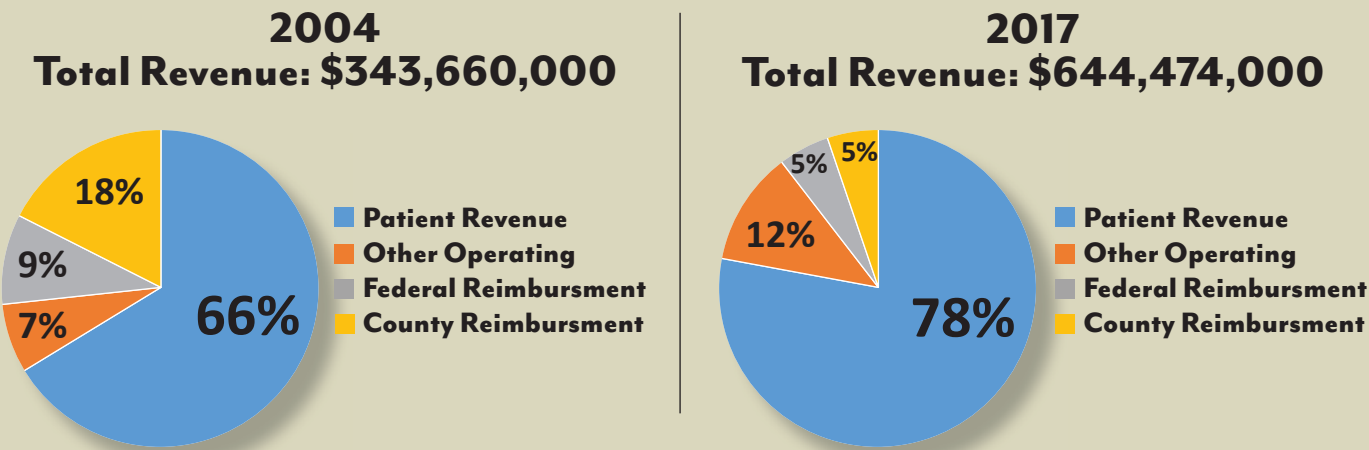


Ribbon cutting at the opening of the Center for Orthopaedic Care.

2017 – Buffalo Spree names 22 ECMC physicians to its 2017 America’s Top Doctors list.



From once a division of the city and county to a thriving healthcare corporation.



2017-Continued Record Patient Volume

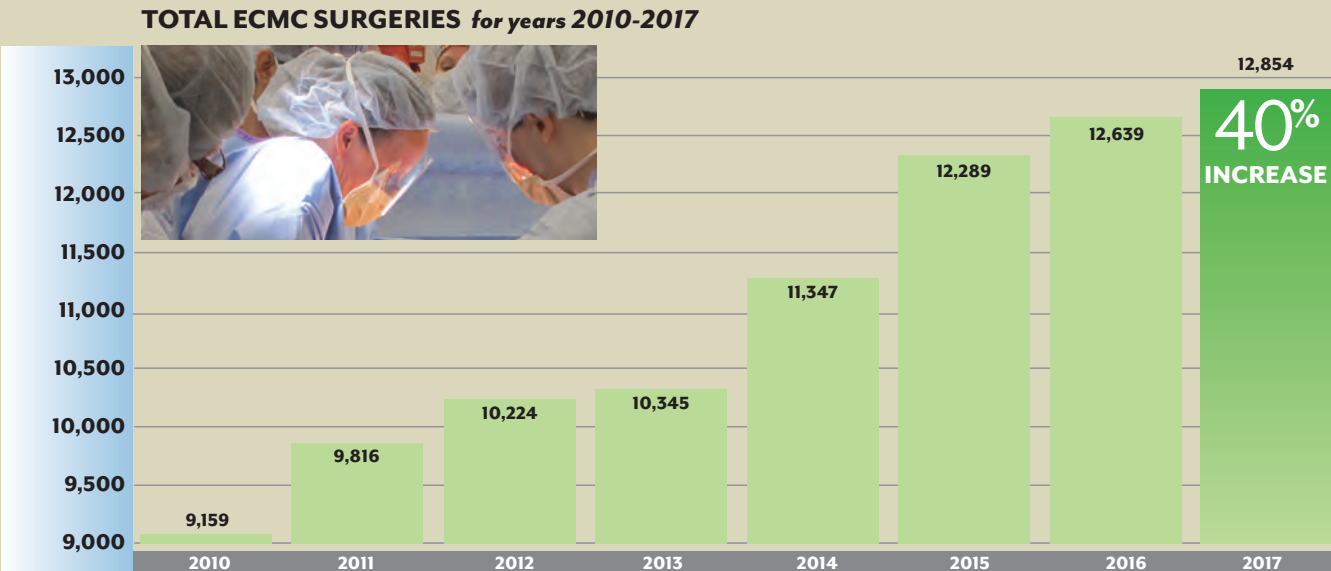
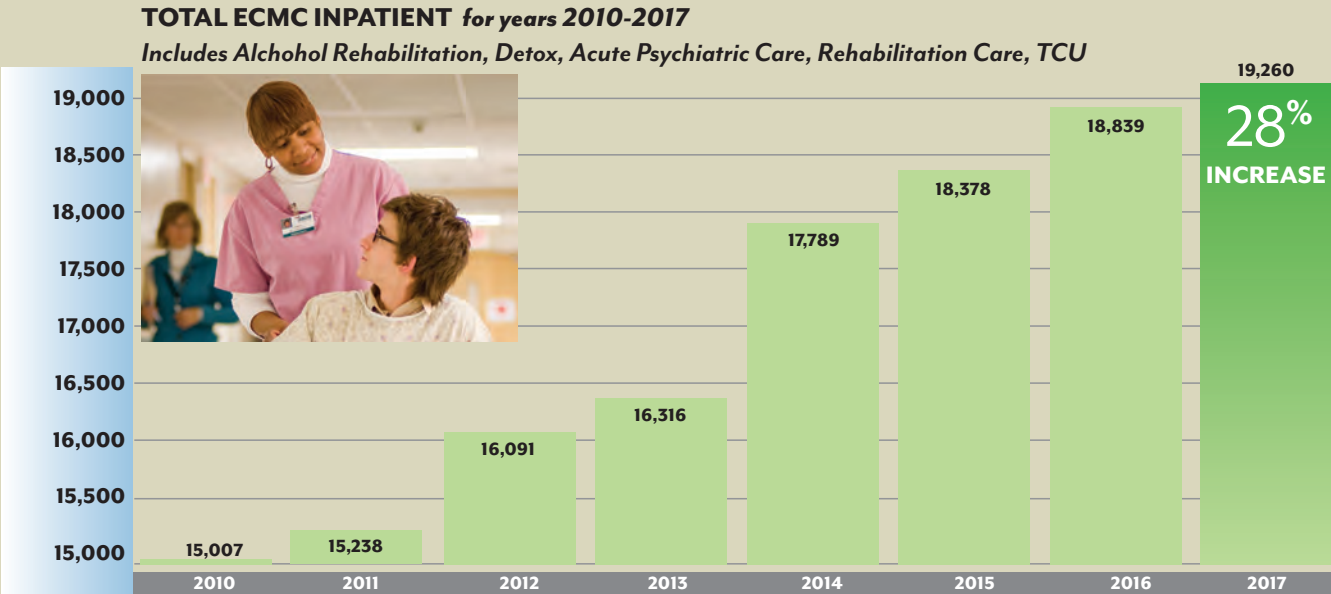


Photo courtesy Joe Cascio.



The difference between healthcare and true care™



ecmc.edu

A Strong Legacy in Emergency & Trauma Care

During the critical phase of an illness or injury, trauma and surgical patients are treated in the Trauma Intensive Care Unit, named for John R. Border, MD. This 18-bed, state-of-the-art critical care unit is dedicated to specialized care. In 1972, Dr. Border founded the Trauma Center, eventually working out of just one room with two other trauma surgeons, Dr. Roger Seibel and Dr. John LaDuca.

Designed by trauma nurses and physicians, today's TICU is configured to accommodate the advanced technology necessary to care for the sickest and most severely injured patients.

The heart of the TICU is its nurses, an elite group of professionals with a remarkable number of years as a team and esprit de corps to spare. In 2001, ECMC was named as one of the nation's 100 Top Hospitals for Intensive Care in an independent study released by the Solucient Leadership Institute.

In 2006, ECMC ranked first among 50 New York trauma hospitals for trauma survival rates.

Ongoing research in trauma and other clinical areas has brought national recognition to the medical center, which in turn attracted more talented and



Dr. Michael A. Manka Jr., Chief of Emergency Medicine at ECMC. *Photo courtesy Wagoner Photography.*

dedicated physicians and nurses to Grider Street.

A study at Johns Hopkins confirmed that hospitals with trauma centers have 25% higher survival rates than those of other hospitals. Because ECMC has

the facilities, resources, and special care necessary to diagnose and treat victims of multiple critical injuries and severe burns, the hospital also has a surgical team that specializes in major surgeries. ECMC is a leader in kidney research and

transplantation in Western New York. In every department, on every floor, ECMC provides expert care and advanced treatments to all patients.

Since the early 1960s, ECMC has continued to create breakthroughs in trauma and emergency care by developing practices, procedures, and devices that have since become standards of care now used in hospitals throughout the nation and the world.

Emergency medicine.

In the Emergency Department, where over 75 percent of all patients admitted to ECMC are first treated, physicians and nurses trained in emergency medicine administer care to patients with everything from broken bones to sudden illness to severe trauma.

The use of bedside ultrasound examinations in trauma patients, now common in hospitals nationwide, was pioneered at ECMC by Dr. Dietrich Jehle, former director of the Emergency Department.

Besides responding to emergency situations, the emergency team serves as a community partner through programs like the Specialized Medical Assistance Response Team (SMART), a 24/7 physician

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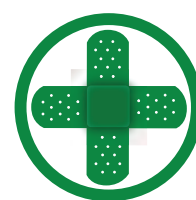
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response team for mass casualty incidents. ECMC is also the Regional Emergency Preparedness Resource Center for mass casualty response in Western New York.

Since ECMC's Emergency Department's last series of substantial renovations in the 1990s, annual patient volumes at the Emergency Department have increased by more than 100%, resulting in strained resources and increased challenges for the dedicated ED caregivers.

ECMC's Emergency Department handles nearly 18% of all emergency department cases in the Western New York region; it provides the greatest volume of emergency and trauma services in all of Western New York. Working with doctors, nurses, and other Emergency Department staff, ECMC's executive leadership in 2016 launched an effort to build a new, state-of-the-art Trauma Center/Emergency Department (TC/ED).

ECMC's new TC/ED facility will:

- Double the square footage for lifesaving care and improved patient experiences;
- Increase treatment rooms to 54 treatment stations for greater privacy and patient-centered care, including four additional new trauma resuscitation suites to bring priority care to the most critically injured patients and two behavioral health safe rooms;
- Provide direct access from the rooftop helipad, as well as intradepartmental radiology for faster testing and diagnosis;
- Shorten wait times for patients with minor medical concerns;
- Improve efficiency, flow, and interaction between patients and caregivers;



ECMC's tower under construction and completed in 1978.

- Include private rooms to better accommodate patients and their families;
- Add space to support ECMC's role as WNY's regional emergency preparedness center, ready for any type of disaster or mass casualty event, including specialized rooms for contagious diseases or conditions;
- Include dedicated rooms with showers for victims of sexual assault, supporting ECMC's role as a dedicated SAFE center;
- Better accommodate the ever-growing demand for emergency care.

Most importantly, the new design and technology will help the hospital's trauma physicians and nurses save lives.

Over the past decade, an increasing number of ECMC emergency patients are suffering from opioid-related addictions including both painkillers and heroin. In

fact, between 2009 and 2016, the number of those patients more than doubled and nearly 20 percent of them were treated

for overdoses in 2016. Only ECMC treats its patients for trauma, psychiatric emergencies, and substance abuse detox.



ECMC groundbreaking on October 27, 1971. (left to right) B. John Tutuska, Mrs. Mildred Campbell, Harry W. Vackel, and Albert C. Rekate, MD.

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Oral cancer screening exam through the Division of Oral Oncology and Maxillofacial Prosthetics. Photo courtesy Joe Cascio.



Right and opposite: NFL football great, member of the NFL Hall of Fame, and former ECMC patient Jim Kelly dedicates the hospital's "Kelly Tough Room" to inspire patients at ECMC. Photo courtesy Joe Cascio.



A proud history of world-class

ECMC has long been at the forefront of training for dental residents, recent graduates from dental school, who have received their DDS or DMD degree and gain experience treating a wide range of dental and mouth problems at the General Practice Dental Residency program.

In 2007, New York became only the second state to require this postgraduate year in order to practice dentistry. Yet there has always been a dental department and a dental service at ECMC. Dentists at the medical center have provided care to both outpatients and inpatients since the establishment of Buffalo City Hospital. Today, ECMC's new state-of-the-art imaging systems, including digital radiography, provide fast, efficient examinations and accurate diagnosis and treatment of all patient conditions.

The ECMC Dental Center welcomes new patients from across the community and promotes comprehensive oral health including both preventive and restorative dental treatment. While residents examine, evaluate, and treat patients, they are also supervised and guided by general dentists and specialists to gain valuable feedback and assure professional growth.

In addition, the residents do rotations in medical departments throughout the hospital and often treat patients referred from those departments. ECMC is the designated Adult Regional Trauma Center for Western New York, and the Department of Dentistry assists in the surgical management of oral facial trauma. Dental treatment is also provided to spinal cord injury patients who may have sustained injuries as a result of falls or automobile, industrial, or sports accidents.

Collaboration for greater efficiency and better medicine.

In 2014, ECMC established the Regional Center of Excellence for Behavioral Health with its own psychiatric



Buffalo City Hospital Dental Department, 1930.

emergency room. The center was a physician-driven collaboration between ECMC and Kaleida Health that created an advanced, Comprehensive Psychiatric Emergency Program (CPEP)—an emergency psychiatric service open 24/7 to patients of all ages—and new inpatient and outpatient facilities to serve mental health and chemically dependent patients in Western New York. The Center represented the third major initiative of Great Lakes Health to merge the services of ECMC and Kaleida. The first was the Gates Vascular Institute at Buffalo General and the second was the Regional Center of Excellence for Transplantation and Kidney Care at ECMC.

World-class cancer care now available at ECMC.

The Center for Cancer Care opened in 2014 on the second floor of the Ambulatory Center building. The center comprises several oncology disciplines including head and neck surgical oncology, dental oncology and maxillofacial prosthetics, breast oncology,

and medical oncology. The center also offers plastic and reconstructive surgery and is the only oncology service in WNY that performs microvascular surgery. "With the combination of chemotherapy and surgery, radiation, and reconstructive surgery, ECMC offers patients a complete package of care," says Dr. Thom Loree, Chief of the Department of Head and Neck Surgery. Two new surgical suites with related recovery and surgical services also opened that year—for a total of four—in the Ambulatory Center building. The new suites were needed because of a ten percent increase in surgical volume in the previous

two years, which was directly related to the increased volume in the medical center's emergency room.

Meeting the needs of the community with vital facilities and services.

In 2015, ECMC continued its expansion with the opening of a new specialty medical center. The Center for Occupational and Environmental Medicine (COEM) was created to serve WNY work force members who have work-related health needs. The COEM aims to prevent work-related illnesses and injuries through increased awareness and health education, early diagnosis, and treatment. Thanks to its qualified professional staff and advanced medical equipment, ECMC was selected as the venue for this state-funded program by the New York State Occupational Health Network.

The Foot and Ankle Center opened in 2007 as an integral part of ECMC's Department of Orthopaedics. The center is uniquely qualified to help adult patients with orthopaedic problems of the lower extremities including arthritis and joint disease, diabetic complications,



Opening of the new Center for Orthopaedic Care at ECMC, 2016.



quality care



Regional Center of Excellence for Behavioral Health. Photo courtesy Wagoner Photography.



Center for Cancer Care Dr. Loree, Dr. Sullivan, Dr. McLean. Photo courtesy Wagoner Photography.

occupational and sports injuries, and post-traumatic care. Orthopaedic and sports medicine experts at the hospital also specialize in other specific areas such as the hand, shoulder, elbow, knee, hip, and spine, and a dedicated orthopaedic nursing staff provides skilled support to specialists and surgeons at ECMC's Center for Orthopaedic Care. The Department of Orthopaedic Surgery offers comprehensive care in the management of severe disorders and injuries of the musculoskeletal system. This care includes arthritis surgery and total joint replacement, treatment of fractures and severe musculoskeletal trauma, reconstructive surgery, and sports medicine. In 2016, ECMC opened its new Outpatient Center for Orthopaedic Care, which doubled the number of exam rooms, improved safety and convenience, and brings the highest level of outpatient orthopaedic care to patients throughout Western New York.



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Roger W. Seibel, MD, Burn Treatment Center. *Photo courtesy Wagoner Photography.*

The Regional Burn Treatment Center.

Thanks to its high standards of care, ECMC was named the region's designated trauma center in 1989. In that year, the hospital also opened the Regional Burn Treatment Center and was designated the regional center for spinal cord injury,

acute traumatic brain injury, and AIDS.

The addition of ECMC's Regional Burn Treatment Center included six patient rooms and strengthened the medical center's level of trauma care. Dr. Roger Seibel developed an exceptional "burn team" by setting high, uncompromised standards that focused on providing the

best care for patients. Because of his medical professionalism and devotion to his patients, the unit is now known as the Roger W. Seibel, MD, Burn Treatment Center.

A tradition of surgical excellence.

In the 1930s, the hospital received the approval of the American College of Surgeons to conduct graduate training in surgery and surgical specialties, the only institution in Buffalo and one of only five outside of New York City to be so recognized.

The work of Dr. John D. Stewart as chief of surgery in the early years of Meyer Memorial brought the hospital's surgical skill and training to another level of excellence which has continued at ECMC to the present day.

The medical center opened its new Minimally Invasive Surgery Center in 2003, the first and most technologically advanced adult surgical suite in the region. Here, advanced video technology lets surgeons perform procedures through small incisions, with minimal scarring and fewer complications.

ECMC surgeons perform more than 7,000 surgeries each year, from general surgeries to complex neurosurgery to plastic and reconstructive surgery to bariatric, thoracic, and elective surgeries. In addition, the Department of Surgery conducts four surgical clinics each week for post-op patients of general surgery, specialized surgery, and trauma referrals.

Going digital.

2003 was also the year that the EEG/



Dr. Philip Stegemann (second from left) and another surgeon performing a (minimally invasive) shoulder procedure. *Photos courtesy ECMC.*

EMG Department moved into the digital age and said goodbye to piles of paper with two new digital EEG machines. The DVDs are easier to store and records can be accessed quickly. EEG (electroencephalography) provides a diagnostic study of the brain while EMG (electromyography) enables the study of the muscle and nerves.

Also in that year, the patient care system was enhanced with the installation of the private wireless local area network



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thopaedic surgical team perform arthroscopic
courtesy Wagoner Photography.

(WLAN) which included deploying 114 medical carts (mobile computing systems), installing 358 personal computers, expanding remote access capabilities for physicians, and establishing an interface for heart monitor data into the electronic medical record system.

The minimally invasive surgical suite was also digitally interconnected while technical assessments were conducted for digital archiving, digital imaging for radiologic scans, and electronic medical

record communication.

In 2006, the hospital installed an advanced web-based digital imaging system enabling radiologists and physicians to quickly access x-rays and images on diagnostic workstations or personal computers from any location.

The switch from film-based images to PACS (picture archiving and communications system) brought enormous savings from eliminating the cost of both film and processing.

Laboratory Medicine consolidates.

The Department of Laboratory Medicine joined in the formation of a Consolidated Laboratory Network, a partnership with Catholic Health, Kaleida Health and Roswell Park Cancer Institute. The aim of the network was to develop and offer area-wide centralized laboratory testing services.

In 2003, the Department also implemented procedures to improve compliance for all laboratory test requests. In addition to conducting routine laboratory operations, the Department provided laboratory service for five new clinical studies and continued to be a positive financial asset for ECMC.

The region's designated AIDS Center.

Created in 1988 as a research center that also provides clinical care, the Immunodeficiency Services (IDS) group seeks to improve the quality of life for HIV-positive patients through early intervention and optimal care.

The group also provides HIV/AIDS

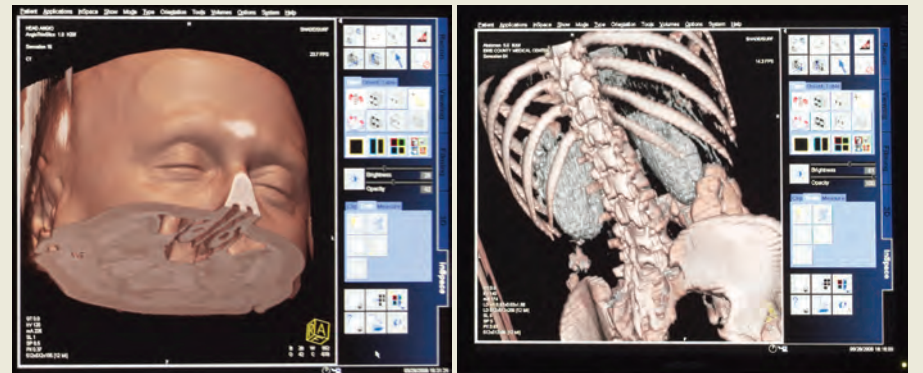
clinical education and consultation to medical providers and offers advocacy and case management services for HIV/AIDS patients. In addition to the main center at ECMC, there are three rural satellite clinics in Chautauqua and Cattaraugus counties providing comprehensive medical care to HIV positive individuals throughout Western New York.

IDS clients meet with physicians, nurse practitioners, pharmacists, nurses, nutritionists, drug counselors, and medical social workers to treat several conditions, including HIV, AIDS, and HIV/HCV




ECMC's Pastoral Care leaders provide support for patients, families, and staff.

co-infection. IDS also operates a large diagnostic testing service featuring a walk-in rapid testing clinic. IDS is supported by state and federal grants focused on medication adherence, clinical education, treatment of individuals co-infected with Hepatitis C, and expanded HIV diagnostic testing.



The multi-slice CT scanner provides photo-like anatomically detailed images in seconds for more effective diagnosis and treatment. Photo courtesy Wagoner Photography.

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A new era of cooperation and collaboration



Jody Lomeo President & CEO, Great Lakes Health System of Western New York and Robert D. Gioia Chair, Great Lakes Health System of Western New York Board of Directors, led the development and creation of the not-for-profit, community-based corporation that oversees unified partners from Kaleida Health, ECMC and the University at Buffalo. *Photo courtesy Joe Cascio.*

Since 2008, as a result of the recommendations made by the Commission on Health Care Facilities in the 21st Century (Berger Commission), the Great Lakes Health System of Western New York (first known as the Western New York Healthcare System) has overseen ongoing collaboration between Kaleida Health and Erie County Medical Center Corporation.

This not-for-profit, community-based corporation brings together Kaleida Health, ECMC, the State University of New York at Buffalo, the Visiting Nursing Association of Western New York and The Center for Hospice & Palliative Care to discuss how – together – they can improve access to and the quality of health care delivery in the region.

On June 23, 2008, ECMCC, the

University at Buffalo, Kaleida Health and the Western New York Healthcare System announced a settlement over litigation regarding the implementation of the Berger Commission reform and consolidation efforts.

Following extensive planning and negotiations, New York State Department of Health Commissioner Richard Daines

on June 30, 2008, stated, “Kaleida and ECMC will be able to focus on their strengths and apply their resources strategically. The University at Buffalo will emerge in the catalytic role a great university and medical school can and must play in an academic medical center and in the intellectual and economic development of a region. The biggest

Highlights of ECMC’s Ammendment

In April 2016, ECMCC succeeded in amending its enabling law, permitting ECMCC to enter into agreements with Kaleida Health and the University at Buffalo without concern for potential anti-trust liability. The amendment overcame a 2013 U.S. Supreme Court decision that cast doubt on the extent that institutions like ECMCC could willingly collaborate without risk of regulatory scrutiny. Specifically, the amendment identified the following seven (7) initiatives:

- Development of a non-exclusive joint health information technology (IT) platform.
- Joint marketing of health care services.
- Joint purchasing of services, supplies and equipment.
- Development of a joint set of clinical quality standards.
- Coordination and integration

of clinical services to reduce redundancy and increase efficiency.

- Joint management of graduate medical education and academic affiliations.
- Joint discussions with rural hospitals regarding the possibility of coordinating and integrating clinical services.

Most importantly, the amendment gives ECMCC another strategy to improve quality and access to health care in Western New York. The amendment strengthened ECMCC’s continuing development of Centers of Excellence in areas such as Orthopaedics, Behavioral Health and Transplantation, as well as the growth and development of other important health service lines like Cancer Care, Head and Neck Surgery, Bariatrics, and Dental Oncology.



ECMC President & CEO Tom Quatroche in 2016 joined Governor Andrew Cuomo, Sandra Lee and Lieutenant Governor Kathy Hochul in advocating for women to get early breast cancer screening.

A 2006 report by the New York State Department of Health reported that ECMC had the best cardiac surgery survival rates in Western New York. The medical center was also recognized in the 2007 “America’s Best Hospitals” issue of U.S. News & World Report by the American Heart Association/American Stroke Association’s Get With The Guidelines program in an ad for performance achievement in cardiac

patient care.

This quality improvement program helps ensure that patients always receive cardiac care consistent with the latest guidelines and recommendations. When a heart attack strikes, every minute counts.

An important outcome of the Berger Commission, the panel that reviewed health care capacity and resources in New York State, was an agreement announced

in February 2013 between ECMC and Kaleida Health to merge all cardiac services at Gates Vascular Institute (GVI), which opened in 2012. All heart surgery, angioplasty, and heart attack care services were shifted to GVI on the Buffalo Niagara Medical Campus.

ECMC’s then-CEO Jody Lomeo stated, “The integration of ECMC cardiac services with the Gates Vascular Institute to create one program at both sites continues our goal to provide quality care for patients, support for the region’s trauma center, and further enhance the clinical expertise at the Gates Vascular Institute. Working

with Kaleida Health, we continue to see true results of collaboration as we improve health care for our entire community.”

This collaborative process between Kaleida and ECMC also included the creation of both the Regional Center of Excellence for Transplantation & Kidney Care in 2011 and the Regional Center of Excellence for Behavioral Health in 2014 on ECMC’s Grider Street Health Campus.

ECMC rehabilitation: greater challenges, more survivors.

One of the most important aspects of any medical procedure or extensive



Center for Rehabilitation Services. *Photos courtesy Wagener Photography.*



Members of the physician-led Professional Steering Committee honored for helping to preserve ECMC.

winners are the residents of Western New York who will benefit from access to integrated, high-quality, local health services. Primary and preventive care will be infused with new energy. Secondary hospital level care will occur in a vastly improved, rationalized and re-capitalized hospital system.”

ECMC’s Board of Directors, led by then Chair Kevin Cichocki, Board members Sharon Hanson and Jody Lomeo, General Counsel Anthony J. Colucci III, as well as physicians from both ECMC and Kaleida Health, and State Supreme Court Justice John M. Curran, are all widely credited with bringing about this outcome in 2008. At the time Judge Curran stated, “This is the most complex thing I have ever been involved with.”

On October 17, 2008, the organization officially announced its name as the Great Lakes Health System of Western New York, with its Board Chair Robert D. Gioia stating, “Today, we take another step forward in building a new era for

health care. Great Lakes Health conveys a strong geographical presence that is consistent with our mission. We are no longer limiting ourselves to serving a part of the city or any particular suburb. As a single entity, we have the resources to serve the entire region and beyond.”

Thanks to a physician-led Professional Steering Committee (as well as participants from nursing and the medical staff of both organizations, and the University at Buffalo), a clinical services and tactical plan for integration and growth was developed focusing on four areas: intensive care, transplant, psychiatry and orthopaedics. That plan ultimately led to the transition of all appropriate cardiovascular surgical care from ECMC to Kaleida Health’s Gates Vascular Institute, making that state-of-the-art facility a destination of choice for stroke, cardiac and vascular care. Similarly, transplantation, orthopaedics and behavioral health services were consolidated into new Centers of Excellence at ECMC.



Jonathan A. Dandes, longtime ECMC Foundation Chair and current Chair of the ECMC Board of Directors.

treatment is recovery and rehabilitation. Since the time of Meyer Memorial Hospital, there has always been a rehab program at the medical center. In fact, ECMC’s is the oldest existing rehabilitation program in the Western New York area.

At ECMC, patients have access to two kinds of rehab: acute neuro rehab, which is rehabilitation for neurological problems such as spinal core injuries, traumatic brain injuries, or stroke; and acute medical rehab for issues that are not neurologic such as fractures, cardiac problems, or pneumonia.

Neuro rehab treatment began with

the spinal cord injury program in the late 1970s and the head injury program in the early 1980s. The neuro rehab programs evolved when better acute trauma care was developed at ECMC.

In fact, the Acute Neuro Rehab unit was Western New York’s first all-inclusive acute medical rehab service for neurogenic disorders. ECMC treats the most severely injured patients, yet has rehab outcomes that are comparable to or better than the national average. The mission of the rehab team is to assist patients in regaining their maximum functional potential for successfully resuming their lives.



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Above and right: Regional Center of Excellence for Transplantation and Kidney Care. Photos courtesy Wagoner Photography.

ECMC is the largest provider of dialysis and safety net for dialysis needs in Western New York. All three existing forms of dialysis are offered in the Regional Center of Excellence Transplantation and Kidney Care. The Registered and Licensed Practical dialysis nurses have all received specialized training in their area of dialysis. Dozens of dedicated professionals staff the center, including social workers, dietitians, biomedical technicians, secretaries, clerks, and inventory specialists. ECMC dialysis patients are continually supported by renal nurse practitioners, physician assistants, and nephrologists. The ECMC dialysis unit is also a liaison for patients needing their dialysis access evaluated in the state-of-the-art Vascular Access Center located on the 10th floor of ECMC's main building.

"We are committed to providing the very best environment to ensure that those in need of a kidney transplant come through our process not just with a new, functioning organ, but an overall improved quality of life," said Liise Kayler, MD, MS, FACS, program and surgical director of ECMC's Regional Center of Excellence for Transplantation and Kidney Care.

The Regional Center of Excellence for Transplantation and Kidney Care

Since its opening in 2011, the Regional Center of Excellence for Transplantation and Kidney Care at ECMC has provided treatment to patients at every stage of

kidney disease or kidney failure. ECMC's transplant program has offered kidney transplants since 1964 and pancreas transplants since 2004.

ECMC's experienced multidisciplinary team serves the community with consistently high scores in outcomes and transplant rates from deceased donors, and also offers laparoscopic (minimally invasive) donor nephrectomy procedures to promote faster recovery for live kidney donors. ECMC was the first hospital in the community to use laparoscopic kidney removal and the department is nationally recognized for its solo and collaborative research and a program that covers all aspects of nephrology.

ECMC's commitment to excellence and focus on the patient experience has led to high satisfaction for recipients and living donors alike. With advanced therapies in

desensitization and paired-donor exchange, ECMC's living donor transplant program has also made more transplants possible, helping recipients of those organs as well as patients on the waiting list. ECMC is also positioned to remain in the forefront of major innovations in transplantation, such as steroid-free immunosuppression and the opportunity for patients to participate in ongoing research trials, which offer leading-edge treatments and individualized compassion and attention. In 2017, ECMC performed 138 kidney transplants, the most ever in the history of the hospital. For patients who require a kidney transplant, ECMC consistently ranks first among Upstate New York hospitals.

A leader in renal care and dialysis

One of the biggest problems facing dialysis patients is making sure their access—the fistula or shunt where dialysis connections attach to their body—is properly maintained to ensure that the maximum amount of blood is cleansed during dialysis treatments. In 2008, ECMC introduced its Vascular Access Center (VAC) to manage and maintain optimum vascular access for these patients. High maintenance means fewer complications and the emphasis at the VAC is always on the prevention of access failure.



Ribbon cutting for opening of Regional Center of Excellence for Transplantation and Kidney Care.

Photo courtesy Wagoner Photography.

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Looking to the future

In the course of its long history, ECMC has become an integral part of the regional community, a vital institution continuously striving to meet the highest expectations of its patients and its potential patients—all of us—who may one day depend upon the skill and compassion of every person wearing a staff ID at ECMC.

In addition to its nationally-recognized expertise in trauma and emergency medicine, ECMC is a leader in rehabilitation, renal medicine, bariatric surgery, transplantation, oncology, and orthopaedics.

But the heart of the hospital continues to be its lifesaving care in the Trauma Center and the Emergency Department, where 70,000 patients are attended each year. Because the medical center's emergency resources are currently operating over capacity on an average of 12 hours per day, ECMC is planning for the future with the development of a new facility that nearly doubles the capacity of its current trauma and emergency space.

By acting today, ECMC can heal tomorrow's traumas, accommodate more patients, and make more medical miracles possible. The new Trauma Center and Emergency Department will maintain and strengthen the capabilities of ECMC's skilled and dedicated trauma and emergency team that continues to save lives every day.



Left and above left:
ECMC's Future
Trauma Center
& Emergency
Department.

ECMC Health Campus.
Photo courtesy Joe Cascio

Photos below: ECMC's future main entrance and Russell J. Salvatore atrium.



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*Leah Alfieri, kidney transplant
recipient 2016*

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